

731-4020

731-3095

DATE: October 1, 2003

TO: Private Providers Enrolled in the VFC Program

FROM: Mimi Luther, VFC Program Manager
Lorraine Duncan, Immunization Program Manager

RE: VFC Provider Survey – 2003

Attached you will find our VFC Provider Survey for 2003. As part of our accountability to the Center for Disease Control (CDC) and to the taxpayers throughout the United States, the VFC program is required to provide you the opportunity to critique our services.

Please answer the questions provided, and we invite you to contact our program with any additional concerns, questions or suggestions you may have at any time. We pride ourselves on knowing providers have easy access to our VFC program representatives and management whenever needed.

The deadline to return the survey is anytime before Thanksgiving (November 27, 2003).

The person(s) to fill out this survey is whoever works with or supervises staff that work directly with immunizations on a daily basis.

Once we receive the completed survey, our staff will enter the data, analyze all of the information, and report the findings to you via the “*Immunization Bulletin*” or a special mailing in 2004.

Thank you in advance for your timely response to our request. We appreciate any comments you provide.

Private Provider Name_____ **VFC Pin Number**_____

OREGON Immunization Program
Vaccines for Children Provider Survey, 2003

- 1. When was the last time you had contact from your VFC Health Educator?**
Within the last 6 months ____ 12 months ____ 18 months ____ Never ____
- 2. Have you had an on-site visit from your VFC Health Educator in the past twelve months? (If no, skip to question #6.)**
Yes _____ No _____ Uncertain _____
- 3. If yes, was the visit helpful?**
5 4 3 2 1
Very helpful _____ Helpful _____ Not helpful _____
- 4. Did you make any changes in your immunization practices based on suggestions from VFC Health Educator?**
5 4 3 2 1
Many _____ Few _____ None _____
- 5. If yes, what changes were made? Please list them.**

- 6. How satisfied are you in general with VFC services?**
5 4 3 2 1
Very satisfied _____ Satisfied _____ Not satisfied _____
- 7. How would you rate your Health Educator's response to your inquiries and requests?**
5 4 3 2 1
Excellent _____ Good _____ Poor _____

8. How can we improve? (List suggestions or comments)

9. I would like to have my VFC Health Educator visit my clinic:

4 **3** **2** **1**
every 6 mths once a year once every 2 years Other

10. Do you know VFC has a vaccine return policy?

Yes No Uncertain

11. How easy is the VFC ordering procedure?

5 **4** **3** **2** **1**
Very Easy Easy Difficult

12. We would like to know if you have had problems with vaccine delivery. Please list them.

13. Does your clinic report information to the state registry, ALERT?

Yes (barcodes) Yes (electronically) No

14. Whose shots does your clinic report to ALERT? (Circle all that apply)

All Children 0-18 VFC Children Only 0-2 year olds only
0-2 VFC children only No Children
Other (please specify)_____

15. If you do not report on every shot given to every child (0-18 years), why not? (List all barriers)

16. How easy is it to report Immunization data to ALERT?

5 **4** **3** **2** **1**
Very Easy Easy Difficult

17. Does your clinic use the ALERT website to search for shot records?
Yes No Uncertain

18. If yes, how would you rate the website, overall?
5 4 3 2 1
Very Satisfied Somewhat Satisfied Not Satisfied

19. If you are not using the website, why not?

20. Would you like more off-site (e.g., county-wide, regional, etc.) training for staff regarding vaccines?
Yes No

21. How far are you willing to drive roundtrip for off-site training?
(Circle all that apply)
60 miles 40 miles 20 miles 5 miles Not willing to travel

22. Have you ever attended an off-site VFC training?
Yes No Uncertain

23. What time of day would you more likely attend a VFC educational workshop? (Circle all that apply)
7-9 AM 12-2 PM 4-6 PM 6-8 PM Would not attend Other: _____

24. What types of trainings would you be interested in having staff attend?
(Circle all that apply)

Vaccine Safety ALERT Nursing Techniques
Combination Vaccines Forecasting Shots VFC Eligibility
Vaccine Inventory and Management
OTHER (Please list as many as necessary) _____

25. Do you read the Immunization Bulletin newsletter? (Circle one)
Thoroughly Selectively Time Permitting Don't read it Don't receive it

26. If yes, how satisfied are you with the information in the Bulletin?
5 4 3 2 1
Very Satisfied Somewhat Satisfied Not Satisfied

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- Yes No

- 5 4 3 2 1
Excellent Good Poor

- [illegible]

Please offer us your comments and suggestions – use additional paper if necessary. Please feel free to send comments, questions or specific concerns separately to the VFC Program Manager, Mimi Luther, at Lydia.m.luther@state.or.us, or by mail to: Mimi Luther, Oregon Immunization Program, 800 NE Oregon Street, Suite 370, Portland, OR 97232.